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Date Label No. 5 9 5 8 6 2 7 8 5

I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service and that it was addressed for delivery to the Commissioner of Patents & Trademarks, Washington, DC 2033; by "Famess Mail Post Office to Addressee" service.

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00OR CREDIT ANY EXCESS IN FUTURE FEES DUE
WITH RESPECT TO THIS APPLICATION TO OUR
DEPOSIT ACCOUNT NO. 04-0100

DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

File No: 1527/0E847-US0

Date: November 24, 1999

Hon. Commissioner of Patents and Trademarks Washington, DC 20231

Sir:

Name (Print)

Enclosed please find an application for United States patent as identified below:

<u>Inventor/s</u> (name <u>ALL</u> inventors):

Arthur ASHMAN

<u>Title</u>: SOFT TISSUE SUBSTITUTE AND METHOD OF SOFT TISSUE REFORMATION

including the items indicated:

i. Specification and <u>49</u> claims: <u>2</u> indep.; <u>47</u> dep.; <u>0</u> multiple dep.

ii. [X] Executed Declaration and power of attorney

iii. [] Formal drawings, _ sheet (Fig.)

[X] Informal drawings, two (2) sheets (Figs. 1-3)

iv. [] Assignment for recording to:

v. [X] Verified Statement Claiming Small Entity Status

vi. [X] Check in the amount of \$641.00, (\$641.00 filing; \$ recording) (See attached Fee Computation Sheet)

vii. [] Preliminary Amendment.

(D&DForms/PTO-1)

8.	()	Please amend the description by inserting the following paragraph after the line containing the title on page 1: "This patent application claims the priority of U.S. provisional patent application No. 60/, which is incorporated herein by reference."					
Priori follov	•	laimed for this app	olication, corresponding application/s having been filed as				
		Country: Number: Date:					
	The p	riority documents	[] are enclosed [] will follow.				

Respectfully submitted,

Kevin L. Reiner Reg. No. 43,040

Attorney for Applicant(s)

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PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$760.00
Design Applicat	ion			\$0.00
Plant Applicati	lon			\$0.00
Total Claims	49 - 20	- =	29 x \$18.00	\$522.00
Independent Claims	2 - 3	- =	0 x \$78.00	\$.00
iens iens	dent Claims	x- if so, add	\$260.00	\$.00
(<u>\$</u> 130.00)	late submission o	-	nd/or declaration	\$
SUBTOTAL				\$1,282.00
[X] Small Entit	y REDUCTION (Hal	f of Subtotal)		\$641.00
Fee for recorda	\$			
Charge for fili	ing non-English l	anguage applica	ation (\$130.00)	\$
TOTAL	. 			\$641.00